UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1998/P/L.2
10 November 1997

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Executive Board
First regular session 1998
26-28 and 30 January 1998
Item 9 of the provisional agenda*

FOR INFORMATION

SUMMARY OF MID-TERM REVIEWS AND MAJOR EVALUATIONS OF COUNTRY PROGRAMMES

West and Central Africa region

SUMMARY

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews and major country programme evaluations, specifying, inter alia, the results achieved, lessons learned and the need for any adjustment in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The mid-term reviews and evaluations described in the present report were conducted during 1997.

INTRODUCTION

1. In the West and Central Africa region, mid-term reviews (MTRs) of the country programmes of Cape Verde and Niger were held in 1997. The two countries, which both suffer from drought and desertification, are otherwise very different. Cape Verde, a middle-income country (gross national product (GNP) per capita $960, 1995) with a population of less than half a million and literacy and school enrolment rates among the highest in the region, also has the lowest child and infant mortality rates. On the other hand Niger, with a population of about 9 million, belongs to the least developed countries (GNP per capita $220, 1995) and has among the lowest literacy and enrolment rates and the highest infant, child and maternal mortality rates in the world. Consequently, the two country programmes are different in their scale, structure and strategies. In Cape Verde, limited funding and reorientation of activities by other development partners during the implementation of the programme led the MTR to conclude that the programme should be restructured to achieve better convergence of interventions and geographic focus. The MTR in Niger, while retaining the same structure, required revisions of the project objectives because they were too ambitious.

* E/ICEF/1998/2.

2. The present report also describes some of the recent evaluation work in the region. The selection has been made to include evaluations which might have general interest due to their scope or thematic area.

COUNTRY MID-TERM REVIEWS

Cape Verde

3. The Government took a leading role in the Cape Verde MTR, which was held at the end of the third year of implementation, in October 1997, with effective participation of multilateral and bilateral development partners. It followed the completion by the Government of an exhaustive situation analysis of the country and presentation of its 1997-2000 National Development Plan (incorporating the national plan of action for children (NPA)). A series of studies, surveys and evaluations, performed by the Government and UNICEF in the areas of children's health, education and hygiene, helped to enhance the MTR process.

4. The situation of children and women. There has been considerable progress in the situation of women and children in Cape Verde. The infant mortality rate decreased from 68 per 1,000 live births in the 1980s to 54 in 1996. Compulsory basic education has been extended from four to six years, net school enrolment is close to 100 per cent and there are no marked disparities in the access of girls and boys to basic education. With Cape Verde undergoing a consolidation of its multi-party democracy, recently there have been legislative, municipal and presidential elections and the administration is being decentralized. Nevertheless, the lack of natural resources and dependence on external assistance, prolonged drought, accentuated unemployment and food shortages, compounded by recent epidemics, threaten the continued well-being of children and women.

5. Achievements and constraints. The rights of women and children have been actively promoted; the initial report on the status of implementation of the Convention on the Rights of the Child was finalized, national legislation was reviewed to harmonize it with the Convention and a social policy framework for children and adolescents was designed with the participation of about 100 representatives from the Government and non-governmental organizations (NGOs), as well as 32 children. In the areas of health, education, water and sanitation and social promotion, operational policies were developed and human resources and institutional capacities of the Government and NGO partners strengthened. In the area of health, an agreement was signed on the Vaccine Independence Initiative, which implies that the Government gradually will take over the purchase of vaccines, and one hospital was certified as "baby-friendly". Approximately 13,500 people gained access to safe water in rural areas of Santo Antao and Santiago Islands, and the time spent to fetch water was reduced by 40 per cent. The quality of education was improved by the provision of didactic materials to 2,200 pre-school children and to one third of primary school children, besides the additional training of over 400 professionals in the pre-school subsector. In collaboration with the World Food Programme and the World Health Organization (WHO), support was provided to school canteens and health activities.

6. Despite UNICEF support for the acquisition of vaccines, there was only a 5 per cent decline in tuberculosis and measles coverage rates since 1995. Outbreaks of cholera and measles showed persistent weaknesses in the health service delivery system (weak staff motivation and qualifications, poor quality of services and insufficient social mobilization). Programme performance was negatively affected by lack of funding, vacancies and frequent staff changes in UNICEF and government institutions, insufficient coordination between development partners and the lack of clear government policies, in particular in the areas of early childhood development and rural sanitation.

7. Assessment of programme strategies: lessons learned. The review demonstrated that the objectives and strategies of the country programme are still pertinent. In particular, the strategies chosen to promote the rights of women and children provided positive results. The Vaccine Independence Initiative gives hope for enhanced financial sustainability in the health sector, as well as the opportunity for UNICEF to shift more resources from supply assistance to capacity-building. Persistent problems of maintaining water infrastructure indicate the need to strengthen capacities and empower communities and peripheral administrations in this sector. Problems with expanded coverage in sanitation (latrines) include demand for a standard which exceeds the willingness or ability of households to pay. Revision of policy and strategy is called for, based on constructive dialogue with households and communities. Limited realization of expected supplementary funding suggests a need for more convergence of project activities and more effective fund-raising.

8. The MTR recommended: more emphasis on collaboration with other donors and a re-orientation of the geographic focus of UNICEF-supported interventions to strengthen complementarity and avoid overlap; that the number of programmes and projects should be reduced; and that several objectives and activities should be reformulated to make them more realistic, coherent and easier to monitor and evaluate. Further, UNICEF should emphasize its comparative advantage related to the promotion and defence of child rights. As a result, the country programme has been redesigned and will during 1998-1999 focus on support to primary health care through national as well as regional training activities; information, education and communication (IEC) to improve household child care; and policy development (code on marketing of breast-milk substitutes); in addition to the provision of basic equipment. Established partnerships with WHO and the United Nations Population Fund will be developed further. The activities related to water and sanitation will focus on Santiago Island (not Santo Antao as before) and support the construction and rehabilitation of infrastructure, including at schools, and IEC for behavioural change. In pre-school and basic education programmes, the quality of teaching will be enhanced through training and strengthened collaboration between schools and parents. Gender equality will be considered in a systematic way in the sectoral programmes. The efforts to disseminate and promote the Convention will continue through advocacy and training of educators, and projects will be elaborated for children with special protection needs.

9. Country programme management plan. The total available financial resources for 1995-1997 equalled 45 per cent of the planned resources (general resources and supplementary funding). Efforts have been made to improve programme management and monitoring mechanisms, and the financial implementation amounted to 87 per cent. Improvement of staff capacities and strengthening of the knowledge function have enabled the country office to promote policies affecting women and children and achieve a better focus of the programme for 1998-1999. The country programme has been reduced from six programmes with 11 projects to five programmes with five projects, due to limited success or funding and overlapping of activities within the country programme or with those of other agencies.

Niger

10. Coordinated by the Ministry of Planning, the Niger MTR was undertaken in July 1997, during the third year of the 1995-1999 programme cycle. Preparations involved government staff, bilateral and multitaleral donors and NGOs. Besides a multiple indicator cluster survey, six evaluations and three studies were completed during the 1995-1997 period with the support of UNICEF. These comprised analysis of: immunization coverage in Maradi province; the quality of health care both in health centres revitalized under the Bamako Initiative and non-revitalized health centres; the structural causes of high maternal mortality rates; the impact of AIDS education on secondary school students; the impact of social moblization on immunization and on water and sanitation activities; the effectiveness of dracunculiasis (Guinea worm disease) surveillance; and the cost of immunization and dracunculiasis control activities.

11. The situation of children and women. Infant and child mortality rates, at 191 and 320 per 1,000 live births respectively (1996), have not declined since the 1960s. The maternal mortality rate is estimated at 1,200 per 100,000 live births (1990). Gross primary school enrolment is 29 per cent (1995) and significant disparities exist between the enrolment of boys and girls. Only one out of seven adults is literate and less women than men. Access to water and sanitation is 54 and 15 per cent respectively (1996), with a likelihood of families having a latrine in urban areas being five times that of rural areas. After several years of political instability, with notably civil strife involving the Tuaregs in the north, the country is attempting to regain peace and development. The Government has among others established a committee with UNICEF support to look into the low human development indicators, while simultaneously taking action to increase investments in basic social services following the 20/20 principle. Constraining factors include a very high population growth, frequent droughts leading to chronic food deficits, frequent epidemics (meningitis, measles and cholera) and women's very low social status.

12. Achievements and constraints. During the period 1995-1997, a number of project activities were realized. In the area of health, 52 (out of 312) health centres were revitalized, mainly in the Maradi and Zinder departments; 1,000 technical staff, teachers and community-based volunteers were trained and supported in provision of micronutrients; under-three-year-old children were submitted to regular growth monitoring in 155 villages; and 50,000 people gained access to a safe water supply through the installation of supply systems and establishment of water management and hygiene promotion teams. One result was an increase in pre-natal care and assisted birth attendance from 22 and 30 per cent respectively (1992) to 36 and 40 per cent (1996). Under-five mortality due to measles, diarrhoea and acute respiratory infections was reduced, and almost 85 per cent of under-10 children in the project areas achieved an adequate intake of vitamin A compared to 12 per cent nationally. The number of dracunculiasis cases was reduced by 79 per cent, to less than 3,000 in 1996. In the area of education, 60 schools were supported through the provision of teacher training, equipment and materials; over 1,000 girl drop-outs received non-formal training; 1,700 women were provided with functional literacy; and 3,000 women were supported through small credit-based activities.

13. The MTR clarified that in spite of the achievements, the country programme's objectives were too ambitious. Constraints included a lack of qualified government staff and transport at district level; limited outreach of health services; absence of education and sanitation policies; the high cost of the water infrastructure; misunderstanding of messages by households in the context of social mobilization; limited impact on behaviour of health knowledge and awareness; obstacles to female attendance in community group meetings; and weaknesses in information and monitoring systems.

14. Assessment of programme strategies: lessons learned. Generally, the strategies in the country programme were considered effective, although some improvements were necessary. These include increased outreach of health services, a shift from the distribution of iodine capsules to household consumption of salt (following the adoption of legislation banning the trade of non-iodized salt), and more effective translation of field experience into national strategies. The costs of water and sanitation infrastructures should be reduced to obtain increased coverage. The need to sustain and enhance women's participation and autonomy are called for, given the existence of strong cultural resistance. The MTR recognized that the Government's decentralization process has created opportunities for enhanced programme ownership at district level as well as for community participation, but recommended strengthened information systems, including community-based monitoring systems due to limited government staff and transport. Collaboration with the World Bank in the areas of health and education should be continued so as to have a leveraging effect on sectoral investment loans, and coordination with NGOs must be pursued. Collaboration with other donors and with national and international media was appreciated.

15. Country programme management plan. Mobilization of supplementary funding has been effective, with 95 per cent of the expected funds for 1995-1997 obtained. There have been improvements in monitoring supply and cash assistance. With the political stabilization, two sub-offices (Maradi and Agadez) were opened to enhance programme implementation. While the original structure of five programmes and 13 projects has been retained, the country programme's project objectives have been revised and the convergence of the activities will be improved to enhance effectiveness and reduce costs.

EVALUATION WORK AT COUNTRY AND REGIONAL LEVEL

Regional trends in monitoring and evaluation

16. Some regional trends in monitoring and evaluation are worth mentioning. In May 1997, the Regional Management Team (RMT) started a project on quality assurance of country programmes in the region. A key set of indicators is being developed to monitor and evaluate the four aspects of a country programme that will assure its quality: programme performance and implementation; operations, finance and supplies; human resources development and management; and external relations and communication. Such indicators will help country offices to carry out self-assessments and provide the RMT with a useful oversight tool.

17. Planning and programming of UNICEF-supported interventions are generally being taken more seriously than before. The region is seeing more evaluations of the overall country programme at the end of its cycle in order to draw lessons for future programme management. In 1997, Nigeria, Senegal and Togo implemented such evaluations, while Guinea currently is undertaking a series of in-depth evaluations of the different components of its previous country programme, including an evaluation of the capacity-building component. A recent innovation has been the active participation of government counterparts in the development of integrated monitoring and evaluation plans (the Gambia, Mali and Togo). To form a better basis for its future programmes, Benin has recently carried out an analysis of the coherence and feasibility of various programme objectives with different development scenarios.

18. Increased attention is being paid to cost-effectiveness and the issue of financial resources. Several countries (Benin, Cape Verde, Equatorial Guinea, Mauritania, Niger and Nigeria) have evaluated unit costs for selected programme interventions and taken these into consideration in the development of new programme strategies. Benin, Côte d'Ivoire, Guinea and Niger have completed UNICEF-supported studies on resource mobilization for basic social sectors in the context of the 20/20 Initiative, while Cameroon and Nigeria are well into this process. Similarly, in the context of its NPA, the Central African Republic made a special analysis of resources available from different sources, including the mobilization of local resources at prefectoral and community levels, as a basis for the selection of strategies to be implemented.

Major country programme evaluations

19. Nigeria. In Nigeria, an external evaluation of the 1992-1996 country programme was carried out by a national consulting firm. The evaluation assessed the relevance, effectiveness and sustainability of programme components, including the outcome of mid-course corrections and the effectiveness of operational support to programmes. Using a variety of techniques, both quantitative and qualitative data were collected at different levels of UNICEF interventions in the country (national, zonal, state, local government and community).

20. Taking the country programme as a whole, the evaluation noted that one of its significant achievements has been to contribute towards raising national awareness of children's and women's rights, development of national, state and local plans of action for children and women and adoption of legislative support

for the Convention on the Rights of the Child. A National Child Rights Implementation Committee has been established, a Decree on Children has been drafted and some state governments have enacted edicts aiming at increasing the enrolment and reducing girls' drop-out rates. Regarding overall programme operations and management, the evaluation noted progress specifically in strengthening the management of cash assistance. For the sectoral programmes, achievements include high coverage rates for vitamin A supplementation (60 per cent of the target population) and iodized salt (97 per cent of households); a reduction in the incidence of diarrhoeal diseases; increased coverage by the onchocerciasis programme; well-frequented and low-cost community child-care centres for pre-school-aged children; successful integration of health, nutrition, water and sanitation components in target schools; and increased access to safe water and sanitation in the intervention areas. It was also noted that programme targets on sanitation coverage and hygiene education were exceeded, due to the decision to adopt SanPlat latrines (with very low-cost latrine slabs) rather than ventilated improved pit latrines, a policy which paid off in terms of cost-effectiveness and cultural acceptability.

21. The evaluation also noted several constraints and areas for improvement. Overall, the country programme had too many separate projects and insufficient attention was paid to gender, economic, geographic and socio-cultural disparities. Programme planning therefore needed improvement. Regarding programme implementation, the heavy emphasis on UNICEF support to service delivery in several programmes led to a situation where, in the absence of funding from local governments, UNICEF often had to play a direct role for which it did not necessarily have the comparative advantage. UNICEF had also taken on tasks normally performed by counterparts, such as clearing, storing and distributing supplies. In the sectoral programmes, revitalization of health centres had been difficult to achieve or sustain, due to problems related to the difficult economic situation, inadequacy of inputs from counterparts and weak institutional capacities, and immunization coverage rates had declined. For health interventions, there were too many partnerships with NGOs and many NGOs did not always have the appropriate training and skills. In nutrition, it was noted that UNICEF should have collaborated more with other agencies, which have more of a comparative advantage, in activities relating to food production and processing. In education, attendance at literacy centres for women was low, since the women perceived literacy activities as less worthwhile than other activities by which they could generate income. In the water supply programme, village-based maintenance systems were not always effectively in place, and therefore about one third of the water points were not functioning at any one time.

22. Overall, the main lessons learned were that programme objectives and expected inputs from counterparts were too ambitious and did not take into account the realities and problems linked to the country's deteriorating economic situation. It was recommended that the UNICEF role in programme implementation and supplies be re-assessed, heavy reliance on service delivery strategies generally be reduced and capacity-building emphasized more. It was suggested that to address weaknesses in counterpart inputs, creative methods of cost-sharing between UNICEF, NGOs, the private sector and communities be sought. For the sectoral programmes, specific recommendations include the integration of income-generating activities in the women's literacy project, the implementation of stricter criteria in the choice of NGOs as partners, the review of support mechanisms for village-based water supply maintenance systems and greater attention to the legal status and rights of women, especially with regard to customary laws. The recommendations are being taken into account in current programme implementation.

23. Senegal. The external evaluation of Senegal's 1992-1996 country programme, carried out by a team of national and international consultants, covered the conceptualization, impact and effectiveness of the programme, the effects of resource availability and the Government's institutional responsibilities. It was found that the programme had contributed to

improvements in the areas of health, water and education. While the proportion of the national budget allocated to basic social sectors was still to be optimized, advances had been made in the political arena, such as the agreement by the National Assembly to convene a biennial children's parliament, the creation of strategic alliances for children's rights among mayors and religious leaders and the review of Senegalese legislation in the light of the Convention on the Rights of the Child. However, the dependence of a large proportion of the country programme on supplementary funding which came in later than expected constrained programme planning. In terms of institutional responsibilities, coordination and supervision by the Government needed to be strengthened.

24. Regarding the different sectoral programmes, it was found that the revitalization of the health system through the Bamako Initiative strategy, due to efficient collaboration between donors, had reached all districts in the country, with notable progress in immunization coverage, essential drug supply and decentralized management. Achievements are still fragile, however; community participation is weak, the use of health services remains low and health care is unaffordable for the poorest groups. The objective of 95 per cent iodization of all household salt was not achieved, but important advances were made in legislation on salt iodization and in mobilization and organization of local small-scale producers, resulting in consumption of iodized salt by about half the population in the iodine-deficient areas. In the geographic areas where UNICEF concentrated its support, there were increased water coverage and school enrolment rates, the latter including for girls. The projects on girls' education and non-formal education for women and youth achieved significant progress, but in the latter case, the Government and UNICEF had different views regarding the choice of NGOs implementing the project. The water, environment and sanitation programme contributed to increased access and hygiene awareness in the target zones, but in some areas community participation remained inadequate. Dracunculiasis cases were reduced by 99 per cent between 1992 and 1996, but eradication remains to be achieved.

25. The evaluation recommended that communities be mobilized better in the implementation of the Bamako Initiative strategy and that measures be actively sought and implemented to enable the poorest to have access to health services. In education, the evaluation urged against further creation of new pilot schools supported by various donors, among them UNICEF, as such schools could pose problems of sustainability and coordination. In urban sanitation, it was recommended that UNICEF support the establishment of local sanitation and garbage collection systems operated by the municipalities. It was also recommended that UNICEF involve NGOs much more in programme implementation and that greater priority be given to the Ministry for Women, Children and Family in future cooperation. Findings from this evaluation are being followed up in the implementation of the new country programme.

26. Togo. In Togo, an internal evaluation of the 1994-1996 country programme was implemented with regional office and government participation with a view to improving management and implementation of the current programme. The evaluation used qualitative and participatory methods, including government counterparts, NGOs and communities in the process, and drew its quantitative data from annual reviews and sectoral evaluations. While there were several successes in health, nutrition, education and the community capacity-building programmes, overall programme objectives were too ambitious, given the country's political crises between 1990 and 1994, the delays in project implementation, the limited government contribution and the emergencies precipitated by meningitis and cholera epidemics. The targeting of specific geographic zones was considered effective and the collaboration between UNICEF, other United Nations agencies, the Government and NGOs was found to have worked well, although government counterparts who participated in the evaluation noted weaknesses in their own internal coordination and supervision in the field. Legislation has been harmonized with the Convention, one result being the development and adoption of a Code for Minors.

27. Regarding sectoral programmes, the implementation of the Bamako Initiative strategy in the target zones has led to increased access and utilization rates, increased vaccination coverage, a higher proportion of health centres being co-managed with communities and a reduction in the number of cases of vaccine-preventable diseases. The quality of health care was, however, still inadequate and utilization rates, despite the improvement, were still low. Progress was noted in the establishment of growth surveillance activities, the iodization of salt and vitamin A supplementation. Achievements in the water and sanitation sector did not meet targets due to difficulties linked to weak national capacities, logistical and other problems in the field and changes in personnel on the part of UNICEF. Nevertheless, dracunculiasis reduction interventions were strikingly successful, reducing the number of cases by over 80 per cent between end-1993 and end-1996. In the community-based capacity-building programme, the evaluation noted an encouraging level of participation of women and communities in the planning and implementing of various educational and income-generating activities. Constraints included weak monitoring by the implementing NGOs, insufficient community-based monitoring systems, too frequent transfer of government staff and a high level of illiteracy among the women. Education activities in target villages resulted in increased enrolment rates, especially for girls, but such problems remain as overcrowded classes, demotivation of teachers, inadequate training and supervision with subsequent low quality of teaching and persistence of gender bias in teaching materials. Many of these problems are linked to the inadequacy of the overall educational system and therefore specific project interventions may not be able to resolve them, unless they are supported by more comprehensive measures.

28. The evaluation made a number of recommendations, particularly for improving the monitoring and supervision aspects of the programme and the quality of interventions. These recommendations are being taken into account in the new programme, which started in 1997.

Evaluations of dracunculiasis programmes

29. During the past year, a number of external evaluations were carried out with the regional office's participation on dracunculiasis programmes in endemic countries (Benin, Mali, Mauritania and Nigeria). Data from these countries show continued and dramatic success: between the end of 1995 and the end of 1996, Benin, Mali, Mauritania and Nigeria showed reduction rates of 37, 43, 68 and 25 per cent respectively in the number of registered cases. The country offices concerned are taking the evaluations' recommendations into account in the continued implementation of these programmes. In Benin, the evaluation noted the positive impact of the dracunculiasis programme, including the supply of safe drinking water, social mobilization, distribution of filters and treatment of ponds, case containment and epidemiological surveillance. The proportion of endemic villages having access to safe water was still quite low, however, and only half of the villages possessed water filters in good condition, the treatment of surface water did not include all endemic areas, the supervision of community-level agents was inadequate and the information to lower levels insufficient. The evaluation made concrete recommendations to improve coordination between different levels of the programme, raise the morale and motivation of village agents, enhance the quality of supervision and gradually transfer more responsibilities for the programme to national authorities.

30. In Mali, the evaluation noted that adequate supply of safe drinking water was a critical factor for dracunculiasis eradication. Health education was widespread in the endemic areas and was broadly accepted in villages with a reduced number of cases. But it was difficult to change behaviours in areas with a general lack of water. In villages with several available sources of water, behavioural change depended on the quality of persuasion of the communicator. The community-based epidemiological surveillance system, while functional, did not manage to detect all cases. The evaluation made a number of

recommendations to improve the information and surveillance system, increase the motivation of village health agents, ensure sufficient water filters and other supplies for case containment and promote the integration of dracunculiasis activities with other health interventions.

31. In Mauritania, factors contributing to the success of the programme included high-level political commitment and strong interest and support from a number of donors, including UNICEF. Nevertheless, the evaluation identified some problems and recommended the development of a national plan of operations to ensure more effective programme implementation, including more frequent supervision of community health workers and improved health education, especially in communities with low endemicity. It was also suggested to strengthen the central coordination unit and develop a more participatory approach to peripheral levels, increasing consultations with community agents and health services personnel.

32. In Nigeria, the evaluation noted that the organizational structure of the dracunculiasis eradication programme, whereby staff from national and zonal levels, including both professionals and youth service corps, are engaged in full-time eradication activities, was a key factor in the success of the efforts. However, further improvement in the quality of supervision of field staff will help to address effectively the other shortcomings in the programme.

Towards more participatory approaches

33. Participatory approaches, involving communities themselves in a variety of activities, are increasingly being favoured in the region, not only in programme implementation but also in evaluation. Because of their nature, such approaches involve behavioural change and interventions at community level in more than one sector, as recorded by the following examples. In Ghana, UNICEF has supported participatory projects in the area of school health. A series of participatory evaluations and studies found that schools in project-supported areas had high levels of community participation, resulting in increased enrolment and retention rates. The integration of health and education interventions at school and community level was recommended. Teachers could provide important information for the health programme, and by using the schools to establish better liaison with the communities, out-of-school children could be reached with health and other interventions.

34. An evaluation of the UNICEF-supported hygiene education and sanitation project in Mali assessed the level of community participation in the project, the adequacy and impact of training of community agents and the impact of IEC activities on target communities. Evaluation results were generally positive: additional latrines were in demand and being used by the communities and the breakdown rate of hand-pumps was lower than in control areas. The evaluation recommended an even more participatory approach, suggesting more information-sharing on costs and technologies with communities and a more participatory approach to project monitoring. It was also recommended that links be made with the health sector at community level, involving all actors in a common participatory approach on health and hygiene education.

35. In Niger, efforts to involve communities to promote health and hygiene messages have been a successful aspect of the rural water supply project. A recent evaluation found that while the project has yet to attain significant health impacts, it had succeeded in implanting some community-level mobilization structures (village animation committees) which were found to be widely active and well-respected by villagers. Overall, activity levels of such committees were found to be high, although there were still too few home visits, insufficient female participation and inadequate understanding of safe hygiene messages and of the proper use of communication tools. Still, it was clear that a major institutional force had been added, and that this would become increasingly effective with experience and supervision.

Evaluation in emergency countries

36. An evaluation from Sierra Leone can illustrate some of the difficulties in the region of planning and evaluating programmes in emergency countries. An evaluation of the UNICEF-supported programme on the care and protection of unaccompanied children found that some progress had been made towards the implementation of a National Family Tracing Network for unaccompanied children. A workable system with an agreed structure and government ownership had been established and participant members, both national and international, had been trained and sensitized. The evaluation made a number of recommendations on operational and coordination issues. Subsequently, however, the military coup in May 1997 brought about a rapid deterioration of the security situation and a great number of nationals and internationals left the country. The capacity to continue the programme or follow-up on the evaluation recommendations might therefore no longer exist.

CONCLUSION

37. Some common themes emerge from the MTRs and the evaluation activities in the region. First, monitoring and evaluation are being given increased importance in the region, and there is a clear trend in programmes and projects towards more rigour, accountability and cost-effectiveness. However, programme objectives adopted during past years often have been found to be too ambitious and not all have been achieved. Overall, progress has been encouraging, given the difficult situation in the region during recent years and the weaknesses in national capacities. But future programme planning will need to take more into account the realities, constraints and disparities within the country context.

38. Second, UNICEF-supported monitoring and evaluation activities in the region are increasingly emphasizing the participatory approach, a reflection of the same trend in programmes. As part of this approach, programmes have successfully implemented, among others, convergence and integration of sectoral interventions at school and community levels and organization of community-based structures and systems.

39. Third, notwithstanding its successes, the drive to eradicate dracunculiasis needs continued support and focus. Even in success stories such as these, the evaluations have noted that there should be closer and better supervision and more feedback of information to the community level.

40. Last, there are still very few evaluations of child protection activities in the region, even in emergency countries. This is not only a new area for West and Central Africa, but emergency situations also make it difficult to conduct and plan programmes and evaluations.